

FEC
FORM 3X

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2012 JAN 20 AM 10:16
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

OHIO AMBULANCE AND MEDICAL TRANSPORTATION
ASSOCIATION PAC

ADDRESS (number and street) ▼

5613 STOCKTON WAY

Check if different
than previously
reported. (ACC)

DUBLIN

OH

43016

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS
REPORT

NEW
(N)

OR

AMENDED
(A)

X

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)

X July 31 Mid-Year
Report (Non-election-
Year Only) (MY)

Termination Report
(TER)

(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(d) 30-Day
POST-Election
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

01 01 2011

through

06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Viola

Signature of Treasurer

David Viola

Date

01 06 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period:

From:

01 01 2011

To:

06 30 2011

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1,

8,671.48

(b) Cash on Hand at
Beginning of Reporting Period.....

8,671.48

(c) Total Receipts (from Line 19)

4,085.00

4,085.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

12,756.48

12,756.48

7. Total Disbursements (from Line 31).....

500.00

500.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

12,256.48

12,256.48

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio Ambulance and Medical Transportation Association PAC

Report Covering the Period: From: 01 01 2011 To: 06 30 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4,085⁰⁰

4,085⁰⁰

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

4,085⁰⁰

4,085⁰⁰

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

4,085⁰⁰

4,085⁰⁰

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

12030711605

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H5)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	\$ 500.00	\$ 500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4,085 ⁰⁰	4,085 ⁰⁰
34. Total Contribution Refunds (from Line 28(d))	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	,
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	,	,
37. Offsets to Operating Expenditures (from Line 15, page 3)	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	-0-

12030711607

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A. Viola, David

Mailing Address

208 N. Main Street

City

Minerva

State

OH

Zip Code

44657

FEC ID number of contributing
federal political committee.

C

Name of Employer

CC+S/Smith Amb.

Occupation

Ambulance Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

contribution/mid year

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

40.00

B. Shade, Bruce

Mailing Address

115 E. 24th

City

Ashtabula

State

OH

Zip Code

44004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Care

Occupation

Ambulance operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

contribution/mid year

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

20.00

C. Niebel, Robert

Mailing Address

130 Grandview Ave

City

Pittsburgh

State

PA

Zip Code

15211

FEC ID number of contributing
federal political committee.

C

Name of Employer

TJ+S

Occupation

Insurance Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

contribution/mid year

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....

\$ 70.00

TOTAL This Period (last page this line number only).....

12030711608

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **7** OF **12**
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A. **Stephenson, Garry**

Mailing Address

3474 Park St.

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sound Communications

Occupation

Communications Cons.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) **▼**

Aggregate Year-to-Date **▼**

20.00

contribution/mid year

Full Name (Last, First, Middle Initial)

B. **Burdick, Bill**

Mailing Address

24340 Sperry Dr.

City

Westlake

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

Name of Employer

PharMed

Occupation

Medical Equipment Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) **▼**

Aggregate Year-to-Date **▼**

20.00

contribution/mid year

Full Name (Last, First, Middle Initial)

C. **Elbert, Cindy**

Mailing Address

3320 W. Cheryl Dr.

City

Phoenix

State

AZ

Zip Code

85051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cindy Elbert Insurance

Occupation

Insurance Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) **▼**

Aggregate Year-to-Date **▼**

20.00

contribution/mid year

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

12030711609

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A. Hess, Ronald

Mailing Address

4495 Cranwood Parkway

City Gates Mills State OH Zip Code 44040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Ambulance

Occupation

Ambulance Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) contribution/mid year

Aggregate Year-to-Date

100.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Novak, Rich

Mailing Address

1090 W. Wilbeth Rd

City Akron State OH Zip Code 44310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mobility Works

Occupation

Vehicle sales rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) contribution/mid year

Aggregate Year-to-Date

20.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Hathaway, Brian

Mailing Address

1340 Converse Rd

City Union City State OH Zip Code 45390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spirit Medical Transportation

Occupation

ambulance operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) contribution/mid year

Aggregate Year-to-Date

550.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

670.00

12030711610

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **9** OF **12**

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A. **George, William**

Mailing Address

714 W. Columbia

City

Springfield

State

OH

Zip Code

45504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Med Trans

Occupation

ambulance operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) **contribution/mid year**

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

250.00

B. **Auble, Mark**

Mailing Address

512 E. Oak St.

City

Orrville

State

OH

Zip Code

44667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amb. Auble Funeral Home

Occupation

ambulance operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) **contribution/mid year**

Aggregate Year-to-Date ▼

175.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

175.00

C. **Shields, Rick**

Mailing Address

12513 W. Rt. 250 N.

City

Milan

State

OH

Zip Code

44846

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Central EMS

Occupation

ambulance operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) **contribution/mid year**

Aggregate Year-to-Date ▼

110.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

535.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A. Mohler, Justin

Mailing Address

3749 Co. Rd 55

City

Bellefontaine

State

OH

Zip Code

43311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Watson & Associates

Occupation

accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) contribution/mid year

Aggregate Year-to-Date 100.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rose, Julie

Mailing Address

115 E. 24th St.

City

Ashtabula

State

OH

Zip Code

44004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Care Amb.

Occupation

ambulance operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) contribution/mid year

Aggregate Year-to-Date 500.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Martens, Dean

Mailing Address

6900 Lake Abram

City

Middleburg Hts

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Donald Martens & Sons
Ambulance

Occupation

ambulance operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) contribution/mid year

Aggregate Year-to-Date

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

2,000.00

SUBTOTAL of Receipts This Page (optional)

2,600.00

TOTAL This Period (last page this line number only)

12030711612

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 11	OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A. Martens, Michelle

Mailing Address

6900 Lake Abram

City

State

Zip Code

Middleburg Heights OH 44130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Donald Martens & Sons

Occupation

ambulance operator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

contribution / midyear

Aggregate Year-to-Date ▼

150.00

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 09 2011

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

4,085.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **2**

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio Ambulance and Medical Transportation Assn. PAC

Full Name (Last, First, Middle Initial)

A.

Ohio House Republican Organizational Comm.

Mailing Address

20 South Front Street

City

Columbus

State

OH

Zip Code

43215

Purpose of Disbursement

contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State:

District:

semi-annual/fundraiser

Date of Disbursement

03 22 2011

Amount of Each Disbursement this Period

\$500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

\$500.00

TOTAL This Period (last page this line number only).....

500.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☐ Postmark Illegible

☐ No Postmark

☒ Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
1/18/12
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

1/20/12
DATE PREPARED

12030711615